

MULTIPLE DEPEN.
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIM

SERIAL NO.

10/552269

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						
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49	/						
50	/						
TOTAL IND.	/						
TOTAL DEP.	/						
TOTAL CLAIMS	37						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							